



# TOWN OF BROOKFIELD

## APPLICATION FOR COMMERCIAL CERTIFICATE OF ZONING COMPLIANCE

ACTIVITY # \_\_\_\_\_ PROPERTY I.D. # \_\_\_\_\_

DATE \_\_\_\_\_

**APPLICANT/AGENT:**

**LANDOWNER OF RECORD:**

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Contact Name: _____	Contact Name: _____
Phone: _____	Phone: _____
Cell Phone/E-Mail: _____	Cell Phone/E-mail: _____

**SITE DATA**

Street Address: \_\_\_\_\_  
 Zoning District: \_\_\_\_\_  
 Unit I.D. # \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Permitted Use Classification: \_\_\_\_\_  
 Flood Plain Designation: \_\_\_\_\_

**DESCRIPTION OF BUSINESS:**

**USE DATA:**

No. of Employees: \_\_\_\_\_  
 Total Building Square Footage: \_\_\_\_\_  
 Unit Area Occupied Square Footage: \_\_\_\_\_  
 Total number of parking spaces for building: \_\_\_\_\_  
 Total number of parking spaces assigned to this business: \_\_\_\_\_  
 Are any hazardous materials employed? \_\_\_\_\_


If so, fill out HAZMAT questionnaire.

**Comments:**

*I represent that this information is current, accurate and complete and that the work will be completed in accordance with the regulations. I certify that I am the designated agent for this project.*

Signature: \_\_\_\_\_  
 Applicant

Signature: \_\_\_\_\_  
 Property Owner